

STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

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NOV 27 2017

S.D. SEC. OF STATE

1. TITLE OF NEWSPAPER True Dakotan		2. DATE 9/28/2017
3. FREQUENCY OF ISSUE weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY 52	3B. ANNUAL SUBSCRIPTION PRICE \$ 36.83 in state/47.00 out of st.
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) PO Box 358, Wessington Springs, SD 57382		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) PO Box 358, Wessington Springs, SD 57382		
6. FULL NAME OF PUBLISHER: Kristi Hine		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.)		
FULL NAME Kristi Publishing, Inc PO Box 358, Wessington Springs, SD 57382 Kristi Hine 37829 SD Hwy 34, Wessington Springs, SD 57382		COMPLETE MAILING ADDRESS
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.) NESDEC, Areawide Business Council, American Bank & Trust		
9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	1650	1650
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors, and counter sales.	362	362
2. Mail Subscription (Paid and or requested)	828	827
3. Paid Electronic Copies	24	24
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	1214	1213
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	21	21
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	0	0
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	1235	1234
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	415	416
2. Return from News Agents	0	0
G. TOTAL (Sum of E, F1 and F2 - Should equal total shown in A.)	1650	1650

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:

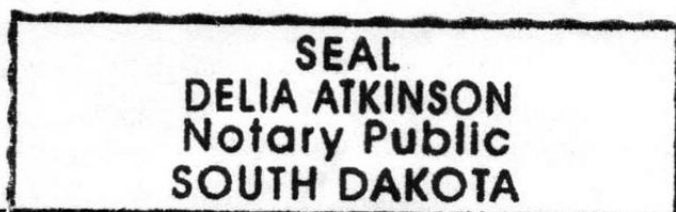
Kristi Hine
 (Signature)

Owner
 (Title)

State of South Dakota)

County of Beauregard) §

(Seal)



Sworn to before me this 29 day of September, 2017

Delia Atkinson
 Notary Public

My commission expires: 8/10/2021